

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010411

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

114

Primary Registration District No.

4186

Registrar's No.

11

FILED APR 3 1962

VS 300
Rev. 4/59

10363

20363

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Length of stay in 1b 7 MOS.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 148 E. VINE ST.		d. STREET ADDRESS (If outside, give location) 148 E. VINE ST.	
3. NAME OF DECEASED (Type or print) First ABRAHAM Middle L Last POLITTE		4. DATE OF DEATH Month MARCH Day 30 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 12, 1914
9. AGE (last birthday) 77		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	
11. BIRTHPLACE (City and state or country) WASHINGTON Co., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ABRAHAM POLITTE		13b. MOTHER'S MAIDEN NAME FANNIE BOYER	
14. NAME OF HUSBAND OR WIFE MARY LITRELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 3		17. INFORMANT MARY POLITTE SULLIVAN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerotic Heart		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 yrs. 4 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:10 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION SULLIVAN, MO.		
21. I attended the deceased from 10/11/49 to 3/30/62 and last saw her/him alive on 3/30/62 Death occurred at 9:10 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Debra Ann and Sullivan, Mo.	
22b. ADDRESS SULLIVAN, MO.		22c. DATE SIGNED 3/31/62	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL 2, 1962	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL CEN SULLIVAN MO.	23d. LOCATION (City, town, or county) (State) MO.
24. FUNERAL DIRECTOR H.M. EATON, SULLIVAN, MO.	25. DATE RECD. BY LOCAL REG. APRIL 2, 1962	26. REGISTRAR'S SIGNATURE William Cowan	

(Licensed Embalmer's Statement on Reverse Side)

VS APR 4 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harrison M. Eaton

Licensed Embalmer No. ⁴¹⁹²~~9442~~

P. O. Address

Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.